| SERIAL NUMBER                        |                          | FILING DATE                         | CLASS              | 10                 | ROUP ART UNIT     | ALTORNEY           | DOCKET NO.      |
|--------------------------------------|--------------------------|-------------------------------------|--------------------|--------------------|-------------------|--------------------|-----------------|
| 09/438,6                             | 00                       | 11/12/99                            | 422                | -                  | 1743              | 99.723             |                 |
| CHAN-LONG<br>YU, CHANDL              | SHIEH, PÂR<br>ER, AZ; VÎ | ADISE VALLEY,<br>-EN CHOONG, CH     | AZ; BARE           | BARA FOLI          | EY, PHOENIX,      | AZ; WINAN          |                 |
|                                      |                          |                                     |                    | .'                 |                   | Ì                  |                 |
|                                      |                          |                                     |                    | 4 *                |                   |                    |                 |
| **CONTINUI<br>VERIFIED               | NG DOMESTI               | C DÁTÁ******                        | *****              | *****              |                   |                    |                 |
|                                      |                          |                                     |                    | 1.                 |                   |                    |                 |
| Norze                                |                          |                                     |                    | <b>'</b> '.        |                   |                    |                 |
| **371 (NAT<br>VERIFIED               | 'L STAGE) 1              | OATA********                        | *****              | ***                |                   |                    |                 |
| Nink u                               |                          |                                     |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   |                    |                 |
| **FOREIGN A                          | APPLICATION              | \\$*******                          |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   | 110                |                 |
| NONE W                               |                          |                                     |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   |                    |                 |
|                                      |                          |                                     |                    |                    |                   | 1                  |                 |
|                                      |                          |                                     |                    |                    |                   | i                  |                 |
|                                      |                          | FILING LICENS                       |                    | 12/08/<br>STATE OR | <u> </u>          | T <del>TOTAL</del> |                 |
| ISC 119 (e-d) co<br>lied end Acknowl |                          | lyes⊠no<br>lyes⊠no ∐Met efter<br>∕- | Allowence          | COUNTRY            | SHEETS<br>DRAWING | CLAIMS             | INPLUE PEIDENT  |
|                                      | Examiner                 | s Initials Initia                   |                    | AZ                 | 4                 | 20                 | 1               |
| MCDONNELL<br>300 SOUTH<br>CHICAGO IL | WACKER DRI               | LBERT & BERGHO<br>VE                | OFF                | 20                 | 306               |                    | -7              |
| BIOCHANNEL                           | ASSAY FOR                | HYBRIDÍZATION                       | WITH B             | OMATERIA           | AL                |                    |                 |
| ING FEE                              |                          |                                     | <del></del>        |                    |                   |                    |                 |
| CEIVED                               | FEES: Autho              | ority has been give                 | en in Pape         | f<br>Annonie       | All Fees 1.16 Fee | es (Filing)        |                 |
| \$760                                | NO                       | _ to charge/credit<br>for the       | DEPOSIT following: | ACCOUN1            | 1.17 Fee          |                    | g Ext. of time) |
|                                      |                          |                                     |                    |                    | Other             |                    |                 |
|                                      |                          |                                     |                    |                    | │                 |                    |                 |